



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

RQ-2

JAN 15 1997

Robert R. Barrow, Treasurer
Republican Party of Wisconsin-Federal Committee
148 E. Johnson Street
Madison, WI 53701

Identification Number: C00074450

Reference: October Quarterly Report (7/1/96-9/30/96)

Dear Mr. Barrow:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Records at the Commission indicate that your committee and your affiliates may have made contributions which exceed the limits set forth in the Act (pertinent portions attached). 2 U.S.C. §441a(a) precludes multi-candidate committees and their affiliates from making contributions to a candidate for federal office which, when combined, exceed \$5,000 per election.

If the contribution(s) in question was incompletely or incorrectly disclosed, you should amend your original report with clarifying information. If you have made an excessive contribution, you should either notify the recipient and request a refund of the amount in excess of \$5,000 and/or notify the recipient, in writing, of your redesignation of the contribution. In the best interest of the committee, all refunds and redesignations should be made within sixty days of the treasurer's receipt of the contribution. Refunds are reported on Line 16 of the Detailed Summary Page and on Schedule A of the report covering the period during which they are received. Redesignations are reported as memo entries on Schedule B of the report covering the period during which the redesignation is made. 11 CFR §110.2(b)

If your committee is not an affiliated committee, then your committee must demonstrate its independence from party committees within its state, by

petitioning the Commission in the form of an Advisory Opinion to determine if it satisfies the criteria of independence described in 11 CFR §110.3(b).

Although the Commission may take further legal action concerning the excessive contribution(s), your prompt action in obtaining a refund and/or redesignating the contribution(s) will be taken into consideration.

A written response or an amendment to your original report(s) correcting the above problem(s) should be filed with the Federal Election Commission within fifteen (15) days of the date of this letter. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530. My local number is (202) 219-3580.

Sincerely,



J. P. Andre, Jr.

Reports Analyst

Reports Analysis Division

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
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FORM LINE NUMBER		
23		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (in full)

Republican Party of Wisconsin - Federal Account

A. Full Name, Mailing Address and ZIP Code

Prosser for Congress
PO Box 476
Appleton, WI 54912

Purpose of Disbursement
WI CD 08Date (month
Day, year)
9/16/96Amount of Each
Disbursement This Period
\$5,000.00Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

B. Full Name, Mailing Address and ZIP Code

Prosser for Congress
PO Box 476
Appleton, WI 54912

Purpose of Disbursement
WI CD 08Date (month
Day, year)
9/16/96Amount of Each
Disbursement This Period
\$5,000.00Disbursement for: ☐ Primary ☒ General
☐ Other (specify)

C. Full Name, Mailing Address and ZIP Code

West for Congress
PO Box 1000
Stevens Point, WI 54481

Purpose of Disbursement
WI CD 07Date (month
Day, year)
9/16/96Amount of Each
Disbursement This Period
\$5,000.00Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

D. Full Name, Mailing Address and ZIP Code

Harsdorf for Congress
N669 Hwy 655
Baldenville, WI 54003

Purpose of Disbursement
WI CD 03Date (month
Day, year)
9/30/96Amount of Each
Disbursement This Period
\$3,000.00Disbursement for: ☒ Primary ☐ General
☐ Other (specify)

E. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
Day, year)Amount of Each
Disbursement This PeriodDisbursement for: ☐ Primary ☐ General
☐ Other (specify)

F. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
Day, year)Amount of Each
Disbursement This PeriodDisbursement for: ☐ Primary ☐ General
☐ Other (specify)

G. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
Day, year)Amount of Each
Disbursement This PeriodDisbursement for: ☐ Primary ☐ General
☐ Other (specify)

H. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
Day, year)Amount of Each
Disbursement This PeriodDisbursement for: ☐ Primary ☐ General
☐ Other (specify)

I. Full Name, Mailing Address and ZIP Code

Purpose of Disbursement

Date (month
Day, year)Amount of Each
Disbursement This PeriodDisbursement for: ☐ Primary ☐ General
☐ Other (specify)

SUBTOTAL of Disbursements This Page (optional)

\$18,000.00

TOTAL This Period (last page this line number only)

\$18,000.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary PagePAGE 1 OF 1
FOR LINE NUMBER 23

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NAME OF COMMITTEE (in Full)

7th Congressional District Republican Party of Wisconsin

A. Full Name, Mailing Address and ZIP Code Scott West for Congress P.O. Box 1000 Stevens Point, WI 54481	Purpose of Disbursement: campaign contribution Congress (WIS-7) Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/13/96	Amount of Each Disbursement This Period \$5,000.00
B. Full Name, Mailing Address and ZIP Code Scott West for Congress P.O. Box 1000 Stevens Point, WI 54481	Purpose of Disbursement: campaign contribution Congress (WIS-7) Disbursement for: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year) 9/13/96	Amount of Each Disbursement This Period \$5,000.00
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement: Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

\$10,000.00

